



SAFETY FIRE COMMISSIONER

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER • COMPTROLLER GENERAL

Ralph T. Hudgens, Commissioner

2 Martin Luther King Jr., Dr., Suite 620, West Tower, Atlanta, GA 30334

Phone 404-656-2064



www.ocl.ga.gov

WATER BASED FIRE PROTECTION SYSTEMS INSPECTION WAIVER AFFIDAVIT

ENGINEERING & INSPECTIONS

GID-217A-SF MAR09

I, _____ of _____
(Officer of Company) (Company's Name)

Located at _____
(Street Address) (City) (State) (Zip Code)

am currently employed with the listed company and am requesting a waiver from the requirements specified in paragraph (2) of Rule 120-3-19-07 for the following inspector(s) of water based fire protection system that have been previously licensed by the Office of Insurance and Safety Fire Commissioner's Office. I hereby request a waiver for the following inspector(s) in accordance with the provisions of Rule 120-3-19-20.

	First Name	Middle Initial	Last Name	Inspectors License #	Social Security Number
1.					
2.					
3.					
4.					

I certify that the above listed individual(s) are currently employed with the above named company and I have enclosed the following for each:

- (1) The name and qualifications of the individual conducting such inspections, testing and maintenance for evaluation by the Commissioner;
- (2) The qualifications for each individual giving as much detail as possible, including but not limited to, an exacting and detailed outline of their qualifications with dates, type and length of related experience;
- (3) Resumes prepared by each such individual including a statement describing and setting forth their personal qualifications to do the inspections, testing and maintenance;
- (4) A detailed description of each individual's knowledge of NFPA-25 and any other additional information you may want considered;
- (5) A copy of the NICET letter indicating levels passed and next scheduled test date that the applicant is schedule; and,
- (6) A detailed list of test elements passed, as well as, yet to be completed by the applicant.

I do personally swear and affirm that the attached documents and application are true to the best of my ability and that the above named company meets the remaining requirements set forth in the Official Code of Georgia Annotated (O.C.G.A.) Title 25 and the Rules and Regulation for the Enforcement of the Georgia Fire Sprinkler Act. Additionally, I am or I work for a water - based fire protection System Contractor who is licensed by the State of Georgia and I am authorized to act on behalf of the individual(s) listed above in the employment and process with the Insurance and Safety Fire Commissioner's Office. I acknowledge the failure to submit the required documentation this may delay or deny the issuance of the requested license of the above individual(s).

Water-Based Fire Protection Systems Contractor

(Company Officer's Signature)

Contractors License Number _____

Company's Work Phone Number _____

Company's Fax Phone Number _____

Company E-mail Address _____

NOTARY

Sworn to and Subscribed before Me this _____ day of _____, _____.

(Notary Public)

(My Commission Expires)

(Seal)



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INSPECTOR'S WAIVER REQUEST BY CERTIFICATE OF COMPETENCY HOLDER

ENGINEERING & INSPECTIONS
GID-217B-SF MAR09

Rules & Regulations 120-3-19; Provides for individuals to submit an application for an Inspector's license under the supervision of a current Certificate of Competency Holder with a currently licensed sprinkler contractor company. In addition and in compliance with other provisions of this Chapter as designated by the Commissioner the Inspector's application for a wavier request shall clearly document the individual's education and experience by submitting appropriate documentation. The Certificate of Competency Holder shown below will supervise and approve the inspections conducted under a wavier request. The Inspector shall only inspect water-based fire protections systems authorized by the Certificate of Competency Holder. If more than one Certificate of Competency Holder supervises the individual below then a separate form shall be submitted for each Certificate of Competency Holder.

ALL LINES MUST BE COMPLETED BEFORE LICENSE IS ISSUED

Certificate of Competency Holder:

Applicant's Name
(Inspector)

Last, First, Middle Initial C. of C. License No

Last, First, Middle Initial Date of Birth

Home Street Address City State Zip Code County

Home Phone Mobile Phone Social Security # NICET Level and Number

Sprinkler Contractor Company Name: _____ **License No.** _____

Street Address City State Zip Code County

Mailing Address City State Zip Code County

Business Phone Fax Number Certificate of Competency Holder Email Address

The Certificate of Competency Holder shown below hereby agrees to approve the inspections conducted under this waiver request for the applicant listed above. The applicant shall only inspect water-based fire protection systems with prior approval from the Certificate of Competency Holder shown below.

PRINT NAME - Certificate of Competency Holder

SIGNATURE - Certificate of Competency Holder

NOTARY

Sworn to and Subscribed before Me this _____ day of _____, _____.

(Notary Public)

(My Commission Expires)

(Seal)

INTERNAL USE ONLY

Date Posted		Date Processed		Date Waiver Approved		Date License Issued	
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